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PTO/SB/05 (05-0651-99)

Approved for use through 10/31/2002. OMB 0651-99
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	Vedeckis 97M20-D
First Inventor	Wayne V. Vedeckis
Title	Human Glucocorticoid Receptor 1A Promoter and Splice Variants
Express Mail Label No.	EK968023137

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>			
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>			
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages</i> 46 <i>]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets</i> 15 <i>]</i>			
5. Oath or Declaration <i>[Total Pages</i> <i>]</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>			
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>			
a. <input type="checkbox"/> Computer Readable Form (CRF)			
b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper 			
c. <input checked="" type="checkbox"/> Statements verifying identity of above copies			
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
13. <input checked="" type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input checked="" type="checkbox"/> Other: Deposit Account Authorization (2 original)			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: **10/552,619**

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

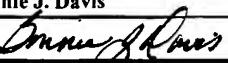
Customer Number or Bar Code Label 
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or Correspondence address below

Name	PATENT TRADEMARK OFFICE		
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type) **Bonnie J. Davis**

Registration No. (Attorney/Agent) **41,699**

Signature 

Date **July 16, 2003**

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$417.00

Complete if Known

Application Number	10/_____
Filing Date	July 16, 2003
First Named Inventor	Wayne V. Vedeckis
Examiner Name	_____
Group Art Unit	_____
Attorney Docket No.	Vedeckis 97M20-D

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **20-0096**

Deposit Account Name **Taylor Porter Brooks & Phillips**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code (\$)	Fee Description	
1051	130	2051 65 Surcharge - late filing fee or oath	_____
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	_____
1053	130	1053 130 Non - English specification	_____
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	_____
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	_____
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	_____
1251	110	2251 55 Extension for reply within first month	_____
1252	410	2252 205 Extension for reply within second month	_____
1253	930	2253 465 Extension for reply within third month	_____
1254	1,450	2254 725 Extension for reply within fourth month	_____
1255	1,970	2255 985 Extension for reply within fifth month	_____
1401	320	2401 160 Notice of Appeal	_____
1402	320	2402 160 Filing a brief in support of an appeal	_____
1403	280	2403 140 Request for oral hearing	_____
1451	1,510	1451 1,510 Petition to institute a public use proceeding	_____
1452	110	2452 55 Petition to revive - unavoidable	_____
1453	1,300	2453 650 Petition to revive - unintentional	_____
1501	1,300	2501 650 Utility issue fee (or reissue)	_____
1502	470	2502 235 Design issue fee	_____
1503	630	2503 315 Plant issue fee	_____
1460	130	1460 130 Petitions to the Commissioner	_____
1807	50	1807 50 Processing fee under 37 CFR § 1.17(q)	_____
1806	180	1806 180 Submission of Information Disclosure Statement	_____
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	_____
1809	750	2809 375 Filing a submission after final rejection (37 CFR § 1.129(a))	_____
1810	750	2810 375 For each additional invention to be examined (37 CFR § 1.129(b))	_____
1801	750	2801 375 Request for Continued Examination (RCE)	_____
1802	900	1802 900 Request for expedited examination of a design application	_____

Other fee (specify) _____

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee Code (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	375.00
1002	330	2002	165	Design filing	_____
1003	520	2003	260	Plant filing fee	_____
1004	750	2004	375	Reissue filing	_____
1005	160	2005	80	Provisional filing fee	_____
SUBTOTAL (1)				\$375.00	

2. EXTRA CLAIM FEES FOR UTILITY AND

Total Claims	Extra Claims	Fee from below	Fee Paid
14	-20** =	0 X 9.00 =	0.00
Independent Claims	4 - 3** =	1 X 42.00 =	42.00
Multiple Dependent			_____

Large Entity Small Entity

Fee Code	Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		\$42.00

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) _____

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Bonnie J. Davis	Registration No. (Attorney/Agent)	41,699	Telephone	(225) 387-3221
Signature	<i>Bonnie J. Davis</i>			Date	July 16, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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